SAUK COUNTY HEALTH CARE CENTER

S4555 HIGHWAY CH

REEDSBURG	53959	Phone: (608) 524-437	1	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	caffed (12/31/03):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	126	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/03:	105	Average Daily Census:	103

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				%	
Home Health Care	No	I .		Age Groups	%		25.7	
Supp. Home Care-Personal Care	No					1 - 4 Years	47.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.9	Under 65	5.7	More Than 4 Years	15.2	
Day Services	No	Mental Illness (Org./Psy)	37.1	65 - 74	12.4			
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	31.4		88.6	
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	43.8	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals No		Cancer	4.8	4.8		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.8		100.0			
Other Meals	No	Cardiovascular	11.4	65 & Over	94.3			
Transportation	No	Cerebrovascular	11.4			RNs	9.5	
Referral Service	No	Diabetes	5.7	Gender	%	LPNs	10.8	
Other Services	No	Respiratory	4.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	35.2	Aides, & Orderlies	55.1	
Mentally Ill	No	[Female	64.8			
Provide Day Programming for		1	100.0					
Developmentally Disabled	No	1			100.0			
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Method of Reimbursement

		Medicare			edicaid			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	٥ŀ	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	357	78	98.7	115	0	0.0	0	18	100.0	148	0	0.0	0	0	0.0	0	104	99.0
Intermediate				1	1.3	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		79	100.0		0	0.0		18	100.0		0	0.0		0	0.0		105	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%			% Totally	Number of
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	11.1	Bathing	1.0		85.7	13.3	105
Other Nursing Homes	1.7	Dressing	10.5		76.2	13.3	105
Acute Care Hospitals	80.3	Transferring	30.5		53.3	16.2	105
Psych. HospMR/DD Facilities			25.7		57.1	17.1	105
Rehabilitation Hospitals	0.9		67.6			10.5	105
Other Locations	1.7	******	*****	****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	117	Continence			Special Treatmen	ts	용
Percent Discharges To:	i	Indwelling Or Extern	al Catheter	3.8	•	iratory Care	8.6
Private Home/No Home Health	2.5	3			Receiving Trac		0.0
Private Home/With Home Health	43.2	<u> -</u>		12.4	Receiving Suct	<u>=</u>	0.0
Other Nursing Homes	5.1	<u> -</u>				my Care	3.8
Acute Care Hospitals	11.9	Mobility			Receiving Tube	-	2.9
Psych. HospMR/DD Facilities	0.0	=	ed	4.8		anically Altered Diets	9.5
Rehabilitation Hospitals	0.0	2 2			3	-	
Other Locations		Skin Care			Other Resident C	haracteristics	
Deaths	28.8			4.8	Have Advance D	irectives	80.0
Total Number of Discharges		With Rashes		3.8			
(Including Deaths)	118				Receiving Psyc	hoactive Drugs	59.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

**************	****	****	****	*****	*****	*****	*****	****	****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	용	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.8	88.1	0.86	87.2	0.87	88.1	0.86	87.4	0.87
Current Residents from In-County	86.7	55.3	1.57	78.9	1.10	69.7	1.24	76.7	1.13
Admissions from In-County, Still Residing	29.1	26.8	1.09	23.1	1.26	21.4	1.36	19.6	1.48
Admissions/Average Daily Census	113.6	57.4	1.98	115.9	0.98	109.6	1.04	141.3	0.80
Discharges/Average Daily Census	114.6	59.7	1.92	117.7	0.97	111.3	1.03	142.5	0.80
Discharges To Private Residence/Average Daily Census	52.4	17.8	2.95	46.3	1.13	42.9	1.22	61.6	0.85
Residents Receiving Skilled Care	99.0	85.9	1.15	96.5	1.03	92.4	1.07	88.1	1.12
Residents Aged 65 and Older	94.3	88.5	1.07	93.3	1.01	93.1	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	75.2	76.4	0.98	68.3	1.10	68.8	1.09	65.9	1.14
Private Pay Funded Residents	17.1	18.1	0.95	19.3	0.89	20.5	0.83	21.0	0.82
Developmentally Disabled Residents	1.9	0.5	3.54	0.5	4.05	0.5	3.80	6.5	0.29
Mentally Ill Residents	40.0	47.1	0.85	39.6	1.01	38.2	1.05	33.6	1.19
General Medical Service Residents	14.3	21.1	0.68	21.6	0.66	21.9	0.65	20.6	0.70
Impaired ADL (Mean)	43.6	44.7	0.98	50.4	0.86	48.0	0.91	49.4	0.88
Psychological Problems	59.0	62.8	0.94	55.3	1.07	54.9	1.08	57.4	1.03
Nursing Care Required (Mean)	4.2	7.8	0.53	7.4	0.56	7.3	0.57	7.3	0.57